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ABSTRACT

An initial assumption was that persons with less than full professional training can provide meaningful, useful and effective mental health services. The scope is confined to occupationally-oriented training at the associate of arts level and at the B.A. level. The extent of current associate of arts level training programs is discussed, as well as the curriculum. Two year mental health programs are viewed as emphasizing: (1) process-oriented courses; and (2) field experiences. Jobs held by people completing these programs are discussed. A more extensive treatment of developments in B.A. level training for mental health workers is presented. The current status of the job market for these people is analyzed. A comparison between the two types of programs points up that they do not share common objectives. Various issues in training mental health workers are aired. One major consideration is the extent to which the professions should play a major role in non-professional training. (TL)

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THE PARAPROFESSIONALS ARE COMING! THE PARAPROFESSIONALS ARE COMING!^{1/}

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Introduction

I had a fantasy that when I came to the APA convention I would see in the registration rooms large signs which read, "The paraprofessionals are coming, the paraprofessionals are coming." I then saw myself standing within earshot of persons viewing the sign and recording some of their spontaneous responses. The responses fell into 5 general categories. The first responses were in the "who are they?" category. Some in this category may have had vague notions about persons trained in new careers or human services but did not see the relevance of paraprofessionals to the field of psychology. The second group of responses were of the "so what!" variety, reflecting an indifference to this kind of movement. The third group was apparently aware of this particular movement and they responded with, "Oh, no!", as if they had sighted the enemy and were forming an impenetrable fortress to guard against the threat. The fourth group, upon seeing the sign, said, "Thank goodness! It's about time," indicating a reaction similar to the party in distress seeing the Seventh Cavalry coming over the hill to their rescue.

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And finally there was a group that seemed to react to the sign with a matter of fact, "Yes, I know," indicating some realization of a very significant current trend in the field of mental health and believing that it should be accorded considered recognition.

I would like to believe that there are representatives of all of these positions in the audience, but I suspect that those who fell in the "Who are they?" category weren't sufficiently curious to find out and those who were indifferent probably felt there were more important events affecting the field of psychology than this. Probably we are talking to the group that views the coming of the paraprofessional with discomfort and even threat, and a feeling of potential loss for the gains made in the field of psychology over the last twenty-five years in establishing the Ph.D. as the basic level for professional training, a second group that believes that such paraprofessionals could be employed in a useful way in the field of mental health, and finally the group that rather dispassionately recognizes that this is a significant movement and likely to have some impact on the field of psychology as well as the whole field of mental health.

The term "paraprofessional" usually encompasses a broad spectrum of personnel which might include those who may have less than high school education and training to those that have somewhat less than full professional training; I want, however, to confine my remarks to occupationally-oriented training that occurs at the associate of arts level and at the B.A. level.

I think we have sufficient evidence from the work of Rioch (1), Sanders (2), Poser (3), Cohen and McCaulley (4), and Affleck and Strider (5), as well as many others, to support the notion that persons with less than full professional training can provide meaningful, useful and effective mental health services. Aside from the issue of manpower shortages, some of the factors affecting increased interest in paraprofessional training are the reexamination of the jobs to be done and the qualifications necessary to perform these functions plus the recognition that persons with less than full professional training can provide a variety of services either not performed by professionals or better performed by persons without full professional training. In addition, there is the impact of federal policy as reflected in budgetary realignments resulting in a reduction in the amount of funding for professional level training and an increased emphasis on programs that are at the less than full professional level.

Associate Degree Level Mental Health Worker Programs

Accompanying the exceptionally rapid growth of the junior and community colleges, which are expanding at the rate of approximately one per week, is the considerable ferment in the mental health field caused by the development of training programs in this area. As of March 1970, there were at least 45 programs known to us at the associate of arts level for the training of mental health workers. What is rather phenomenal about this number is that training in this

area did not start until 1966, when Purdue began a program at its Fort Wayne campus, with support from the NIMH. This program was the brainchild of our psychology colleague, the late John Hadley, and was developed to its present state in collaboration with two other psychologists, John True and Sherwin Kepes.⁽⁶⁾ Hadley had the notion that persons selected for 'health-engendering' qualities could be trained by providing them with basic knowledge and skills and appropriate inservice training which could be utilized in a variety of mental health settings.

Shortly after the beginning of this program, the National Institute of Mental Health awarded six additional grants to develop training programs for persons at the AA level for the purpose of experimenting with new types of curricula for the development of new types of mental health personnel. In addition to the 7 programs supported by NIMH, 38 more have developed as a result of local support.

While most of these programs were initiated and administered by psychologists, there are some that are under the auspices of nurses, social workers and representatives of other disciplines. Regardless of who initiated and ran the programs, psychologists have played major roles in their development by providing basic courses in psychology and teaching psychological skills, such as testing, behavior modification and counseling. One of the principal contributions of psychologists has been the attempt to evaluate individual

programs (which is a requirement of NIMH experimental projects) and to devise regional and national evaluative studies of the effectiveness of this level of training.

Curriculum of Mental Health Workers

One might ask the question, "What is it that can be learned within a two-year program that will enable graduates to perform meaningful mental health functions?" In general, the curricula consist of three broad categories. About 1/4 to 1/3 consists of general education courses which include the humanities, physical sciences and social sciences. A second group of courses amounting to about 1/2 of the curriculum are in mental health related areas such as psychology and social work. The third category of courses includes the mental health practicum aspects of the program. While the amount of actual field experience varies, every program provides some kind of involvement with agencies in work prior to graduation.

In a recent meeting held by the Southern Regional Education Board with project directors from 17 programs, it was noted that there are two distinct characteristics of these programs that differentiate them from other community college curricula. The first is that mental health programs emphasize process-oriented courses. Process-oriented courses are those in which the content of the course is secondary to the student involvement and participation, such as discussion groups, group dynamics, seminars, "T" groups and sensitivity groups. The second distinct characteristic

is that mental health programs place a much stronger emphasis on field experiences than most other community college programs."(7)

Jobs Held by Mental Health Workers

What has been the experience of graduates to date? Have they gotten jobs? The answer, generally, is "yes." They have gotten jobs in a variety of settings. Mental health skills such as interviewing, counseling, behavior modification and psychodrama which were learned in the training programs are utilized by the graduates in their current employment.

Of the 32 graduates in the Purdue program prior to 1970, four are working in community mental health centers and others are providing mental health services in a psychiatric section of a general hospital, speech and hearing center, institution for the mentally retarded, the school system, rehabilitation institution for the blind, a tuberculosis hospital, a nursery school and in a home for children with behavior problems. One serves as executive director of a county mental health association. The State of Indiana has developed a special job classification for technicians graduating from the program.

The program at Sinclair Community College in Dayton, Ohio, established in conjunction with the Dayton State Hospital, has graduated 28 students, 20 of whom were employed at the Dayton State Hospital. The functions of these workers include intake interviews, general management of hospitalized patients, follow-up of discharged patients in the community and supervision of new trainees. Four of the graduates are working in community mental health centers, others are in a daycare center,

and a social service department of a psychiatric hospital. The State of Ohio has developed civil service specifications for the position.

An important aspect of these AA mental health worker programs is their close tie-in with the practicum institutions. These affiliations have been facilitated by the active involvement of key state level officials in such states as North Carolina and Maryland. The latter state has six AA programs as well as a state civil service position. In addition to Indiana, Ohio and Maryland, Alabama, Illinois, Colorado and North Carolina have also developed civil service job classifications for mental health workers.

I mentioned earlier that all the NIMH funded AA mental health worker programs include evaluative components. In addition, as part of the NIMH funded SREB project to promote the development of community college mental health worker programs, an evaluation of several programs in the 15 states is being undertaken under the direction of Dr. Josephine Baker.⁽⁸⁾ One phase of the evaluation is the collection of critical incidents of job activities. These further illustrate the breadth of activities performed by mental health workers. Each mental health worker was asked to "think of a time when you, as a mental health worker, did something that you considered to be especially effective." One mental health worker responded as follows: "Late one afternoon, I was interviewing a homosexual, a heroin addict was waiting, and a call was received

from Crisis Intervention to intervene on a suicidal threat in a nearby village. I was alone in the office, except for the receptionist. I dismissed the homosexual as effectively as possible; called the community nurse to meet me; invited the drug addict to go with me; and drove to the scene. The homosexual was at no great risk. The nurse was picked up in case the suicide attempt had been more than a threat. The drug addict shared a helping experience, and I had a little support, too, since this was my first encounter with suicide." In describing the aspect of the training program that contributed most to her ability to handle the situation effectively, she said, "To be able to assess the risk of institutionalization and to give help to 'high risk' first."

A second mental health worker said, "An angry child was racing around the room tearing down pictures, smashing them, throwing blocks, knocking over chairs and cursing. I caught him and held him on my lap. He kicked and screamed and spit at me for 20 minutes. Then he cried. After he quieted down, I held him for 10 or so more minutes, and then I told him that I liked him, and that I would not let him tear the room apart and smash things." She described the effectiveness of her response by saying, "He no longer behaved this way. He expressed his anger verbally. He knows I like him. He likes himself. He smiles a lot and spends his time creatively." In describing the aspect of the training program that contributed most to her ability to handle the situation effectively, she referred to the practicum at which time, "I learned to size up a situation - make a decision and act on it quickly." It is obvious that these

mental health workers are being placed in positions in which they are dealing with more than routine tasks.

Mental Health Workers as an Independent Group

At this time there are over 200 mental health worker graduates in the country from the programs that have completed two years of operation. Recently between 30 and 40 of these graduates, plus some students in training, convened in Atlanta to discuss the possibility of forming a national organization. They met with representatives of the Rioch type Mental Health Counselors Group, as well as with the national organization representing psychiatric technicians. At this time they have decided to maintain only an informal association, but the initial steps for developing a separate association may have been started. This is but one indication of the growing independence of the mental health technician group. A further indication of this independence is seen in the utilization of graduates of these programs for teaching and supervisory roles. In this way they can limit their dependence for growth and advancement on the professional groups that began these programs. In one institution where this program was initiated by a psychologist, the mental health workers have been organized into an autonomous department under the aegis of a master's level psychologist, separate from the psychology department.

Baccalaureate Level Programs for Mental Health Workers

I would like to shift now to briefly discuss some of the developments in B.A. level training for mental health workers.

There have been several studies reported involving the training of mental health workers at the B.A. level. Some of these are at the undergraduate level in psychology, human development, community mental health, mental health technology and a diversity of other majors. Some few attempts are being made at providing some enrichment of undergraduate psychology programs leading to increased employment opportunities, although they are primarily oriented to assisting the student to make a better career choice. Others are at the post-baccalaureate level, utilizing primarily psychology majors, but also including majors from other disciplines.

The Psychology Department at Knox College developed a program intended to prepare liberal arts college graduates to be responsible for the caring of institutionalized emotionally and behaviorally disturbed children and adolescents. The program included an eight week summer work-learning experience on the adolescent unit of the Galesburg State Research Hospital. The academic program, which earned a major in Human Development, required a minimum of four courses in psychology.

According to the project director, the ten students who have completed the program have all been employed in mental health related fields, and only one has left the field. Three were able to obtain positions as child care workers, but only one who is currently a part-time graduate student in psychology is employed in such a position. Of the remaining nine, five are teaching in special

education, two are social workers, one is a graduate student in rehabilitation counseling, and one is a computer programmer. At least seven of the nine would not have been employed in mental health related fields had it not been for the program. The program continues to grow, but the project director believes that until appropriate role models become available in a clinical situation, most graduates will probably slide into special education.(9)

Another model for B.A. level training is that of the psychological assistant, developed by McKinney and Anderson(10) at the University of Missouri. This program was based on existing courses in psychology and supporting areas. In courses such as "Emotional Disorders of Infancy and Childhood" and Abnormal Psychology," the student is required to do volunteer work with psychiatric or disturbed patients at a mental health facility and integrate this with the course work. Professionally-oriented experiences were added to a course called "Introduction to Clinical Psychology" where emphasis is placed on the professional and ethical responsibilities of mental health workers. As of the early part of this year there was insufficient data to report on the program's effectiveness.

Lou Sherman(11) is developing a program through the Psychology Department at the St. Louis campus of the U. of Missouri. While there will be some psychology majors in the program there will also be trainees from the field of sociology, economics, political science and business administration. Major requirements in each discipline will be maintained supplemented with certain interdisciplinary courses, agency practicum training, special seminars

and supervised on-the-job training. The program is intended to train the graduate with a B.A. degree to fill a variety of para-professional roles (e.g. correction officer aides, human service aides, juvenile court aides).

There are three programs that the National Institute of Mental Health is sponsoring for enriching the psychological curriculum at the B.A. level. These projects at Yale⁽¹²⁾, DePauw⁽¹³⁾, and Michigan State⁽¹⁴⁾ provide program enrichment through field experiences either for a summer or through the academic year. Most of the students in psychology in these schools usually go into graduate training. For some the experience seems to enhance their commitment to their chosen field. For others the field experience encourages them to seek employment in fields related to the experience, such as teaching. It should be noted that the purpose of these programs was not to train B.A. level psychologists for any particular type of work, and no specific skills, such as psychometrics or behavior modification, were taught, although most of the students were taught research techniques and had research experience to prepare them to work as research assistants.

This fall Southern University⁽¹⁵⁾ is planning to improve and broaden the training of undergraduates in psychology, in order to prepare them to enter either into quality graduate programs or to be eligible for a variety of mental health positions requiring only B.A. level training. The program involves the expansion of

the present baccalaureate program for psychology majors with the addition of several courses and seminars, plus active involvement of the students in a variety of clinical and research field experiences.

I understand that a program is either underway, or getting underway, at the psychology department at North Carolina State University in which there will be an extended period of work experience, for which credit will be granted. The student would be prepared for a professional career upon completion of the undergraduate education. (16)

Western Michigan University offers a rather promising undergraduate program which combines basic academic course work with direct professional involvement. This is accomplished through the utilization of apprenticeships in a variety of areas, such as educational apprentices for teaching, behavioral modification apprentices in practicum settings, and scientific research apprentices in research settings. Mallott describes the apprenticeship program as follows: "(it)...allows for close supervision, careful integration of the apprenticeship experiences and the classroom curricular and provides the student the opportunity to participate continually on campus in both academic and applied aspects of his education. The result is an unusually large number of students who are committed and dedicated to their education, who are intensively involved in professional activities." (17)

The State of Maryland has announced plans for the development of a baccalaureate curriculum in community mental health at Morgan State College. This curriculum will provide further training for graduates of the A.A. degree mental health technology programs. In addition to training in community mental health, other human services specialties, such as alcoholism counselors, drug abuse specialists, geriatric specialists and mental health administrators are expected to be phased in over future years.(18)

Fink and Zerof began a baccalaureate program at Hahnemann Medical College and Hospital in September 1969, to train mental health clinicians with skill in a specific therapeutic area. Students must have 60 college credit hours for admission for training at the third and fourth college years. The fourth year of training requires the student to develop knowledge and skill in one of eleven or more specialties. These include: (1) Child care; (2) Family therapy; (3) Psychiatric research; (4) Group therapy; (5) Community activity; (6) Rehabilitation services; (7) Outpatient psychiatric clinic; (8) School consultation; (9) Inpatient hospital; (10) Criminology; and (11) Geriatrics.(19)

Although the title of this symposium deals with A.A. level and B.A. level training, I would also like to mention some programs that have trained persons at the post-baccalaureate level because they are well documented and because I think that they may represent potential models for the field of psychology. At the University

of Florida, Lou Cohen and Mary McCaulley(4) selected seven female college graduates with different academic majors and assigned them to work with clinical psychologists in the Department of Psychology. During this two-year training program, the assistants were trained by a combination of methods; the most important appeared to be the apprenticeship. The program also included individual lectures, short courses and seminars. At the end of the two-year period, all seven assistants had completed the program. Four were working as psychological assistants, two were in graduate school, and one withdrew from the work force in order to take care of her young child. The six assistants were assigned to six of the nine staff members and the other three have requested such assistants. In addition to conducting an excellent training program, Cohen and McCaulley have produced what I think is a major document in reporting not only on their training programs but on the state of the art and significant issues with regard to training at the pre-doctoral level. For those who are interested I would like to call your attention to their final report entitled, "A Study and Demonstration of the Training and Utilization of Psychological Assistants in Different Clinical Settings."

Affleck & Strider(5) at the University of Nebraska College of Medicine also trained 3 baccalaureate degree persons, one of whom was a major in psychology, in a one-year program as psychological assistants. Their emphasis was focused on the testing of patients in a psychiatric setting. They were given instruction on the

rationale and purpose of tests, test administration and scoring, and techniques for dealing with the special problems that arise in testing psychiatric patients. Following the one year experience, the students were evaluated with regard to their ability to utilize a wide variety of intelligence, personality, aptitude and interest and achievement inventories. The directors felt that their program was a success and note that state funds were made available to continue the program as a regular part of the Psychology division.

At the Philadelphia State Hospital, Sanders(20) trained recent college graduates, without previous special training in mental health, to conduct socio-environmental treatment programs for chronic mental patients in state hospitals. According to Sanders these functions include:

"1. The establishment within the hospital of a social community which replicates for the patient the extramural community to which he must return.

"2. The provision of an education program which teaches skills necessary for survival, initially in the intramural community, and ultimately in the extramural community.

"3. The use of social-psychological techniques to insure participation in the program and instill new learning."

Staff consisted of three to four professionals from the fields of clinical psychology, social work, activity therapies and group dynamics. Each staff member taught courses in his area of specialty and provided supervision. The curriculum included courses in personality theory,

group dynamics, social organizations, activity skills and social interaction therapy.

By September, 1968, the program had 37 graduates. Only two of the graduates left practice: one for maternity reasons and the other because of failure in practice. Of the remaining 35 graduates, most are working as Psychological Service Associate I's at the Philadelphia State Hospital and other institutions in the state system. Some have since earned a masters degree and are employed at the Psychological Service Associate II level. A few are working in comprehensive community mental health centers. Six of the graduates have returned to full time graduate work. Sanders feels that while the group trained were college graduates, the program could be adjusted to train persons with less educational background.

One of the more promising activities with regard to B.A. level training is the study now being conducted under the auspices of the E & T Board to look into the question of undergraduate programs in psychology. One part of the study employs a questionnaire requesting information about the relevance of the current program to work. In a preliminary report by the University of Michigan Center for Research on Learning and Teaching, which is conducting the study for the E & T Board, several programs with an undergraduate major and having a work-orientation have been cited. One is at the Georgia Institute of Technology in Atlanta in applied psychology; another is at the University of Illinois where the applied psychology major can specialize in four different options such as engineering psychology,

personnel psychology, measurement psychology and school psychology. Hopefully, this study will assist us in the development of more meaningful work-relevant programs in undergraduate psychology.

It is interesting to note that while there are only a few states that have civil service job descriptions for A.A. level mental health workers and there are many programs in a number of states, the reverse is true for B.A. level psychology training. Over 30 states have position titles for B.A. psychology majors. These titles include Psychologist I, Psychology Technician Trainee, Psychology Intern, Psychometrist, Institute Counselors, Psychological Assistants and so forth. Starting salaries range from \$5,000 to \$8,000. The latter figures are slightly better than those at the associate of arts level. In some states psychology majors with B.A. degrees are employed by social service departments in which they receive on the job training. Thus, there are increasing numbers of B.A. level psychology majors, there are job categories for these individuals in most state civil service systems, but there is very little relevant skill training at the B.A. level by psychologists for the functions demanded by the jobs.

Comparisons Between Associate and Baccalaureate Level Mental Health Workers

At this point we have limited information concerning the relative effectiveness of training at the A.A. and B.A. level. In

addition, there are no B.A. level programs with the same objectives as the A.A. programs. The little comparative data that we have is strictly anecdotal. For instance, in one university some of the regular four year psychology majors and even graduate students are asking to take some of the A.A. level courses that are being provided for the mental health technicians because they feel that they have not had the kind of training that would give them skills with which to compete in the job market. In the hospital in Ohio where A.A. level mental health workers have been placed in a separate department, the superintendent indicated that he would prefer to have this level of personnel than untrained B.A. level psychology majors, because the mental health workers were performing a more useful function.

Another advantage of the programs at the A.A. level is that the student population is largely indigenous. They are people who come from and know the community and usually intend to stay in the community where they have been trained. Since one facet of the manpower problem is not only the shortage in the number of professionals but their distribution in geographic location, these programs at the two-year level have a significant advantage in that many of the junior colleges are located in places where there are limited numbers of professionals. In many instances junior college

and local mental health facilities may develop a relationship to provide appropriate training to satisfy the mental health manpower needs in that particular area.

I have been very concerned with the lack of programs at the four year level because of the growing number of programs developing at the two year level and the feeling that the advancement possibilities would be limited without what would appear to be the next rung--namely, the B.A. degree. In view of the fact that many civil service systems require B.A. degrees for higher pay, although the skills involved may not necessarily be any greater, I think we will be seeing many mental health workers taking extra credits that may or may not be relevant to their jobs in an attempt to obtain a B.A. degree. I feel that this is unfortunate. I feel that the academic institutions should take more responsibility in providing meaningful advanced training. Such training might include more specialized work with groups such as children, adolescents, the aged, alcoholics and people with problems of drug abuse as well as other specialized training.

Many of the mental health workers who have come through these programs, particularly through the process-oriented courses which have encouraged personal growth, have a very strong sense of their worth and ability. Some feel that they can do a competent job with their two years of training and actually see the emerging four-year programs as unnecessary and as a threat. Some may enter the four year programs largely as a defense against having somebody trained

at the four year level put in positions that would be over them.

SOME ISSUES IN TRAINING MENTAL HEALTH WORKERS

There are several issues that should concern the field of psychology regarding the training of personnel at the A.A. and B.A. level. Some of the questions we might ask are: "Should psychology departments provide occupationally-oriented B.A. majors for students who prefer to have a four year B.A. degree rather than an A.A. degree?" "Are there enough psychology departments willing to undertake this type of training?" "Should four year training programs for mental health workers be developed in departments other than psychology departments, with psychology playing a major role in the teaching, training and supervision of the students?"

Perhaps Brayfield(21) answered these questions for psychology when he wrote, "Presently there's much discussion of the development of new helping professions and/or the training of nonprofessional personnel whose work would have a psychological base but who would not be called psychologists. I am inclined to predict that psychologists as represented by administrative structure of departments of psychology will not necessarily take the lead in sponsoring these developments, but one way or another will play an important by supplemental role in such training programs. At least this seems to be a lesson of our history."

Is the model of the psychological assistant developed by Cohen and McCaulley(4) and Affleck and Strider(5) the type that should be replicated in the field of mental health? That is, should training

be custom-tailored at the post-baccalaureate level to meet the particular needs of a psychology department or should undergraduate psychology departments be encouraged to re-orient their programs to increase the students' work skills?

Since over three-fifths of the states already have job classifications for B.A. level psychology majors, is it necessary to provide occupationally-oriented training? Would such training enhance the students' chances of obtaining better level jobs? Would it enable them to function more effectively?

What types of constraints, if any, should be maintained in the development of subdoctoral programs? Should there be licensure or certification? Should there be insistence that all A.A. and B.A. level people work under the supervision of someone in an established profession? Should the type of functions be limited?

At a curriculum development workshop held earlier this year by the SREB, some 20 goals were elicited which were agreed upon as being appropriate for graduates in all of the two-year programs. Among these 20 goals were the following. "Having a working knowledge of basic data gathering techniques, evaluation procedures, that is, psychological tests, including a basic competence in interviewing, administering, scoring and screening psychological tests, conducting and reporting mental status examinations and social and medical histories." A second goal was in the area of psychotherapy and stated that the student

"have basic competence in at least one method of therapy, that is behavior modification, the non-directive approach in therapy, the medical model, the Freudian approach and the use of chemotherapy, as well as occupational, crafts, music and recreational therapy."(7)

If I had not identified the source of these statements, I wonder if we could not have applied this to almost any of the existing mental health professions.

To what extent should the professions play a major role in nonprofessional training?

In a recent publication reporting on a NASW-APA conference, sponsored by NIMH, on the nonprofessional in mental health work, the following recommendations were made:

"1. that the NASW and the APA jointly develop a manpower policy which takes into account the growing social need for more broadly defined workers in the welfare and mental health fields.... and

"2. that university training programs in the welfare and mental health fields examine their responsibility for training for increased social needs and specifically consider the manner in which nonprofessionals may be defined and provided with appropriate training and supervision."(22)

Finally, what should be the position with regard to membership in professional associations? I understand that our association may ^{full} shortly propose /membership for M.A. level psychologists. Where will we stand with regard to B.A. level and A.A. level mental health workers? The National Association of Social Workers is bringing B.A.'s into the

professional association. They are allowing regular membership to persons holding a bachelor's degree with an undergraduate sequence in social work that meets criteria established by the Council on Social Work Education. The NASW also announced the associate category which is open to persons holding a Bachelor's Degree in other fields and "currently employed in a social work capacity."

This decision was based on the conviction that NASW must assume responsibility for the whole range of practice in social work.

Is there comparable responsibility for the APA vis-a-vis B.A. level training in psychology or mental health?

After all these questions are raised, one may ask the following question. "Who needs mental health workers when we have fully trained psychologists, social workers, psychiatric nurses and psychiatrists?" On the other hand, if we have large numbers of mental health workers, we might ask, "Who needs the established mental health disciplines?"

Discussions about subdoctoral training in psychology have gone on for many years with little more than a few experimental programs being conducted. At present, however, we are more keenly aware of the shortage of professional personnel and are more receptive to new sources of manpower. I think that the introduction of the mental health technician and the B.A. trained social work aide, as well as others in the "new careers" area may have preempted some of the roles that occupationally-oriented B.A. psychologists might have trained for.

What's left for psychology? Psychology does attempt to maintain

its strong identification with research and some of the training programs have attempted to train research assistants. I wonder about the practicality of training in research at this time, particularly since federal funds have been decreased in this training area?

If the field of psychology does want to train B.A. level para-professionals, the challenge is to show whether they can train people better than they are now being trained in other types of mental health worker programs. Perhaps the psychologist's best role is that of planner and innovator. Many psychologists run A.A. level mental health technician programs and B.A. programs. Some psychology graduate programs are training students to train and utilize para-professionals. Perhaps, rather than introducing terminal B.A.'s in psychology who would be competitive with mental health technicians and four year social work associates, the role of the psychologist would be to help in the training and utilization of these paraprofessionals. The training and utilization of B.A. psychologists and other B.A. level mental health workers would then be left to individual state and municipal governments and university departments, according to local standards and need. This seems to be the pattern evolving. Perhaps this is how it should be.

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